DLN: 93493030011228 OMB No 1545-0047

2016

Open to Public

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www IRS qov/form990

		of the Treasu enue Service	Information about	I security numbers on this form Form 990 and its instructions				G	pen to Public Inspection		
A F	or th	e 2016 c	alendar year, or tax year beginr	ning 07-01-2016 , and end	ling 06-30-	2017	_				
☐ Ad	dress	applicable change nange	C Name of organization RGV Educational Broadcasting Inc				D Employ 74-232		ication number		
☐ Ini	tıal re	-	Doing business as				-				
Detur	rn/teri	mınated d return	Number and street (or P O box if ma PO Box 2147	Il is not delivered to street address) Room/suite	2	· '	ne number			
□Ар	plicati	ion pending	City or town, state or province, count Harlingen, TX 78551	ry, and ZIP or foreign postal code				(210) 421-4111			
			F Name and address of principal	officer	-	114-1 7 11	<u> </u>	ceipts \$ 10	J5,451 ————————————————————————————————————		
			r Name and address of principal	officer		subor	s a group re rdinates? ill subordina		□Yes ☑No		
T Ta:	x-exe	mpt status	✓ 501(c)(3)	nsert no)		includ	ded?		Yes No		
J W	ebsit	te:▶ htt	p //www kmbh org/site htm				p exemption		•		
K Forr	n of o	organization	✓ Corporation ☐ Trust ☐ Assoc	nation Other ►	1	Year of form	ation 1985	M State	of legal domicile TX		
_Pa	rt I	Sum	mary		· · · · · · · · · · · · · · · · · · ·						
Activities & Governance		RGV Educ	scribe the organization's mission or ational Broadcasting, Inc is commi ent by means of electronic media, s	tted to further all levels of edu				al values	and cultural		
eme	:										
705 S			is box $\blacktriangleright oldsymbol{arphi}$ if the organization disc								
×5			of voting members of the governing					3	4		
ties	1		of independent voting members of t mber of individuals employed in cale	•	5	3					
¥	1		mber of volunteers (estimate if nece	·.	6	100					
ĕ			related business revenue from Part			7a	0				
	ь	Net unre	lated business taxable income from	Form 990-T, line 34				7b			
						Pr	ior Year		Current Year		
<u>a</u> ;			tions and grants (Part VIII, line 1h)				· · · · · · · · ·	002	6,027		
Ravenue			service revenue (Part VIII, line 2g)			77,		28,037			
æ	1		ent income (Part VIII, column (A), l	•	•			544	587		
	1		venue (Part VIII, column (A), lines ! enue—add lines 8 through 11 (mus		line 12)		134,	806 379	70,800 105,451		
			nd similar amounts paid (Part IX, co					-	0		
	1		paid to or for members (Part IX, co						0		
ς.	1		other compensation, employee ber				124,	316	100,475		
Expenses	16a	a Prof es sio	onal fundraising fees (Part IX, colun	nn (A), line 11e)					0		
x b e	Ь	Total fund	raising expenses (Part IX, column (D), lin	e 25) ▶6,152							
ш	17	Other ex	penses (Part IX, column (A), lines 1		325,	2 9 8	338,280				
	1		penses Add lines 13–17 (must equa				449,		438,755		
. 6	19	Revenue	less expenses Subtract line 18 fro	D	-315,		-333,304				
Net Assets or Fund Balances						Beginning	of Current Y	ear	End of Year		
Ass Bar			ets (Part X, line 16)		•		5,727,	763	892,259		
te de	1		oilities (Part X, line 26)		731	6,531					
			ts or fund balances Subtract line 2	1 from line 20	•		5,719,	032	885,728		
Under know any k	ledge nowl	alties of personal alties of per	ature Block erjury, I declare that I have examinate, it is true, correct, and complete			r) is based o	on all inform				
Sign			ure of officer			Dat	re				
Here	=		d A Walker Treasurer or print name and title								
			Print/Type preparer's name	Preparer's signature	Dat	e		PTIN			
Paid	d		Frank D Thomas CPA CVA ABV CFF	Frank D Thomas CPA CVA ABV CF		Che		P00086042	2		
Pre		CI ⊢	Firm's name Thomas Watson & Comp	•		Fire	m's EIN ▶				
Use		1 1	Firm's address > 220 Stoneridge Dr Ste 4	02		Pho	one no (803)	771-0077			
			Columbia, SC 29210								
May t	he IF	RS discuss	this return with the preparer show	n above? (see instructions) .				☑ Y	'es 🗌 No		

Form	990 (2	016)					Page 2
Par	t III	Statement of Prog	gram Service Acc	omplish	nments		
		Check if Schedule O co	ontains a response or	note to a	ny line in this Part III		🗆
1	Briefly	describe the organizati					
						ote the arts, spiritual values and ci	ultural development by
meai	ns of ele	ectronic media, specifica	lly for the communitie	es of the	Rio Grande Valley in Tex	(as	
_	D 111						
2		-	, , ,	•	ices during the year whi		☐ Yes ☑ No
	•		□ Yes • No				
3		s," describe these new s			hanges in how it conduc	ete any program	
3		_					□Yes ☑No
		es." describe these chang					Lifes Life
4		<i>.</i>		nlichmon	to for oach of its throad	argest program services, as measui	rad by avpances
•						grants and allocations to others, th	
	expen	ses, and revenue, if any	, for each program se	ervice rep	oorted		
	(C	\ /F		126 760) (D	
4a	(Code) (= ditional Data	xpenses \$	136,769	including grants of \$) (Revenue \$)
	Jee Au	dicional Data					
4b	(Code) (E	xpenses \$	118,647	including grants of \$) (Revenue \$)
		ditional Data	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		, (,
4c	(Code) (E	xpenses \$		including grants of \$) (Revenue \$)
							_
							
4d	Other	program services (Desc	rihe in Schedule O V				
Tu		nses \$	including g	rants of	\$) (Revenue \$)
		program service expe		255,4:	·	, ,	
		1 3 ovb.		,	= =		Form 990 (2016)

or X as applicable

Section 501(c)(3) organizations.

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥦

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 💆 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😼

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

1

2

3

4

5

6

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

13

14a

14b

15

16

17

18

19

Yes

Yes

the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . .

	,		١
1]	s	
	5	50	

No Νo

Nο

Νo

Nο

No

Νo

Nα

Νo

Nο

No

No

Νo

Nο

Nο

Νo

Nο

Νo

Nο

No

Nο

Nο

No

Form **990** (2016)

Page 3

Nο

29

31

Part IV Checklist of Required Schedules (continued) Yes No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a Νo b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Νo 21 government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Nο

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

22

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

Yes

Yes

Yes

Form **990** (2016)

No

Νo

Page 4

No No No

Nο

Nο

Nο

Nο

Nο

Nο

No

No

Νo

Νo

Nο

Nο

Nο

	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
-	Check if Schedule O contains a response of flote to any line in this Part V	·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 13		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
b	this return	2 b	Yes	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	- 50		110
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country - See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
6a	Does the organization have annual gross receipts that are normally greater than $$100,000$, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		No
10	Section 501(c)(7) organizations. Enter		-	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
				0 (2016

orm	990 (2016)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions			
Se	Check if Schedule O contains a response or note to any line in this Part VI			✓
	Colon A. Governing Dody and Management		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		B1 -
10~	Did the eventuation basic local chapters, branches, or affiliator?	10a	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		INO
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12 c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			-
	Own website Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Name Name			
		F	orm QQ	0(2016)

Name and Title

(F)

Estimated

	/			
Part VII	Compensation of Officers,	Key Employees,	Highest Compensated	Emp
	and Indonosident Contract			

lovees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

vear • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000

of reportable compensation from the organization and any related organizations

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Average

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) (D)

Position (do not check more

Reportable

Reportable

Name and Title	Average hours per week (list any hours for related	than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) Alvaro Gonzalez	0 00	×		x				0	0	0	
Chairman/Pres	0 00			^				l "l	U	U	
(2) Richard Walker	1 00										
Treasurer	0 00	Х		х				0	0	0	
(3) Andrew James Hagan	0 00	х		х				0]	0	0	
Vice Chairman	0 00	_			<u> </u>	ļ					
(4) Monsignor Gustavo Barrera	0 00	x		×				0	0	0	
Secretary	0 00								_		
				_	-		_				
				<u> </u>						Form 990 (2016)	

Form 990 (2016) Page 8 Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Section A. Officers, Directors, Trustees, Key Employees, and nignest Compensated Employees (continue								itiriuea)			
(A) Name and Title	(B) Average hours per week (list any hours	than c	ıs both an officer and a dırector/trustee) o				on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	Estima amount o compens from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptoxee	Former	- 2/1099-MISC)	2/1099-MISC)	organizat relat organiza	ed
1b Sub-Total	art VII, Section	nΑ.				*					
Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	eived more than \$10	00,000		
										Yes	No
3 Did the organization list any former	officer, director	or trust	ee, k	ey e	mplo	oyee, d	or hig	ghest compensated	employee on		

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization ▶ 0

4

5

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

3

4

5

(B)

Description of services

(C) Compensation

Form 990 (2016)

No

Nο

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete al	ll columns All other orga	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note to	any line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Pa IV, line 22	ert 0			
3 Grants and other assistance to foreign organizations, foreig governments, and foreign individuals See Part IV, line 15 and 16	n 0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	100,475	55,436	45,039	
8 Pension plan accruals and contributions (include section 40 (k) and 403(b) employer contributions)	1 0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
-	0			
f Investment management fees	0			
12 Advertising and promotion	1,939	662	1,277	
13 Office expenses	,		,	
·	0			
14 Information technology	0			
15 Royalties				
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	312		312	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	36,858		36,858	
23 Insurance	10,556		10,556	_
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Program Rental	116,301	112,669	3,632	
b Professional Services	87,612	18,349	69,263	
c Building, Equipment, Land Rent	28,264	27,541	723	
d Utilities	21,675	21,675		
e All other expenses	34,763	19,084	9,527	6,152
25 Total functional expenses. Add lines 1 through 24e	438,755	255,416	177,187	6,152
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)	[

Forr	1 990	(2016)					Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		107,761	1	56,128	
	2	Savings and temporary cash investments .		[5,000,544	2	250,656
s	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net	431	4	4,857		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L	nployees Complete Part		5	0	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza- voluntary employees' beneficiary organizations Part II of Schedule L	(c)(3)(B), and of section 501(c)(9)		6	0	
et	7	Notes and loans receivable, net	_		_7_	0	
Assets	8	Inventories for sale or use		8	0		
_	9	Prepaid expenses and deferred charges		. • •	6,629	9	5,078
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,133,607			
	Ь	Less accumulated depreciation	10 b	655,639	514,826	10 c	477,968
	11	Investments—publicly traded securities .				11	0
	12	Investments—other securities See Part IV, line	11 .			12	0
	13	Investments—program-related See Part IV, line	e 11 .			13	0
	14	Intangible assets		[14	0
	15	Other assets See Part IV, line 11			97,572	15	97,572
	16	Total assets.Add lines 1 through 15 (must equ	34)	5,727,763	16	892,259	
	17	Accounts payable and accrued expenses		8,731	17	6,531	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Dart IV	of Schedule D		21	

22

23

24

25

26

27

28

29

30

31 32

33

34

6,531

885.728

885,728

892,259

Form **990** (2016)

8.731

5,719,032

5,719,032

5,727,763

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

persons Complete Part II of Schedule L . .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Liabilities

Fund Balances

Assets or

Net

23

24

26

27 28

29

30

31

32

33

34

Form	990 (2016)			- 1	Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u>.</u>	<u></u>		✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1			105,451
2	Total expenses (must equal Part IX, column (A), line 25)	2			438,755
3	Revenue less expenses Subtract line 2 from line 1	3		-	333,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,	719,032
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4,	500,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			885,728
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ĺ	No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheen	dule O			

За

3Ь

Nο

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software Version: 2016v3.0 **EIN:** 74-2324498

Software ID: 16000303

Name: RGV Educational Broadcasting Inc.

Form 990 (2016)

Form 990, Part III, Line 4a:

The provision of classical, jazz, and news radio programs for the enjoyment, education, and information of the general public

Form 990, Part III, Line 4b: The provision of a wide variety of television non-commercial educational, informational, classical, cultural, and community oriented programs for the general public

efile	GR/	APHIC print	t - DO NOT PROCESS	As Filed Data -			DLN: 9	3493030011228
SCI	IED	ULE A	Public	Charity Statu	s and Dul	hlic Sunn	ort	OMB No 1545-0047
	m 990			rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) e empt charitable	organization o trust.		2016
		the Treasury	► Information abo	• Attach to Form ut Schedule A (Form www.irs.go	990 or Form 99 990 or 990-EZ <u>ov/form990</u> .) and its instru	uctions is at	Open to Public Inspection
Name	of th	n e organizati nal Broadcasting					Employer identific	ation number
							74-2324498	
Par			or Public Charity Stat private foundation because				See instructions.	
1	yai iiz		nvention of churches, or a	•	• ,		(A)(i)	
2		•	cribed in section 170(b)(` ` ` `	(4)(1)	
3					•		· III \	
		·	a cooperative hospital ser	•				
4	Ш	name, city, a	search organization operat and state	ed in conjunction with	a nospital descri	ibea in section	170(B)(1)(A)(III). E	nter the nospital's
5			ion operated for the benef v). (Complete Part II)	it of a college or univei	rsity owned or op	perated by a gov	vernmental unit descri	bed in section 170
6		A federal, sta	ate, or local government o	r governmental unit de	scribed in section	on 170(b)(1)(4)(v).	
7	✓		ion that normally receives P(b)(1)(A)(vi). (Complete		s support from a	governmental u	unit or from the gener	al public described in
8		A community	trust described in sectio	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9			al research organization dent college of agriculture S					ege or university or a
LO		from activitie	on that normally receives so related to its exempt fuincome and unrelated busings section 509(a)(2).	nctions—subject to cert ness taxable income (le	taın exce p tions,	and (2) no more	than 331/3% of its su	pport from gross
l 1	П		ion organized and operate	•	r public safety S	ee section 509)(a)(4).	
12		more publicl	ion organized and operate y supported organizations through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509 (a	
а		Type I. A su organization	ipporting organization opei (s) the power to regularly art IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A s management	upporting organization sup t of the supporting organiz lete Part IV, Sections A	pervised or controlled in ation vested in the san				
С		Type III fu	nctionally integrated. A ganization(s) (see instruct	supporting organization				ited with, its
d		functionally i	n-functionally integrate ntegrated The organization You must complete Pa	on generally must satisf	fy a distribution	requirement and		
e		Check this b	ox if the organization recei or Type III non-functionally	ved a written determin	ation from the I		ype I, Type II, Type II	I functionally
f	Enter	the number o	of supported organizations					
g			ng information about the s		Γ'		1 .	
(1)Na	ime o	f supported or	ganization (ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	Is the organiz	v) ration listed in ng document?	Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No	1	
			L					
Total			on Act Notice, see the I	<u> </u>	Cat No 11285		 Schedule A (Form 9	

Sch	nedule A (Form 990 or 990-EZ) 2016						Page 2
	Complete only if you che III. If the organization fa	cked the box on	line 5, 7, 8, or	9 of Part I or if	the organization	n failed to quali	
	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	1,450,227	323,940	27,649	6,002	6,027	1,813,845
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,450,227	323,940	27,649	6,002	6,027	1,813,845
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from						1 912 945
	line 4						1,813,845
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	1,450,227	323,940	27,649	6,002	6,027	1,813,845
8	Gross income from interest, dividends, payments received on	58,203	54,701		544	587	114,035

342,141

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

h 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

26,355

77,027

28,037

Schedule A (Form 990 or 990-EZ) 2016

12

14

15

893,467

2,821,347

64 290 %

69 120 %

▶ ☑

419,907

ncome from similar sources

Net income from unrelated business activities, whether or not the business is regularly carried on

Other income Do not include gain or loss from the sale of capital assets

Total support. Add lines 7 through

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 Schedule A, Part II, line 14

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

(Explain in Part VI)

11

10

organization

instructions

supported organization

20

Page 3

	(Complete only if you o	hecked the box	on line 10 of Pa	art I or if the or	ganızatıon failed	to qualify und	er Part II.	Ιf
	the organization fails to	qualify under t	he tests listed I	pelow, please co	mplete Part II.)		
ection A. F	ublic Support							
	landar vaar							

56	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
•	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С 8	Add lines 7a and 7b Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30,						
	1975						
C							
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organizatior	n's first, second, tl	nird, fourth, or fift	h tax year as a se	ection 501(c)(3)	organization,
	check this box and stop here						▶□_
_Se	ction C. Computation of Public S						
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S	•	•			16	
	ection D. Computation of Investr			lima 40 estimic 22	2)	1 1	
17	Investment income percentage for 201	,	• • • • • • • • • • • • • • • • • • • •	iine 13, column (f	7))	17	
18	Investment income percentage from 20 331/3% support tests—2016. If the c			on line 14 and lin	ne 15 is more than	18 33 1/3% and l	ine 17 is not
	more than 33 $1/3\%$, check this box and s						Ine 17 is not ▶ □
	more than 33 1/3%, check this box and s 33 1/3% support tests—2015. If the						· —

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

ightharpoons

Sections A and D. and complete Part V)

Section A. All Supporting Organizations Nο Yes

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No." describe in Part VI how the supported organizations are designated. If designated by class or purpose. describe the designation. If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) helow Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes." describe in Part VI when and how the organization made the

3а determination 3h Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4h supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c

Substitutions only. Was the substitution the result of an event beyond the organization's control?

6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

organization's supported organizations? If "Yes," provide detail in Part VI. 6

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

answer line 10b below

10a

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

10b

Schedule A (Form 990 or 990-FZ) 2016

ь.	rt IV	Supporting Organizations (continued)			
Fe	ILIV	Supporting Organizations (continued)		Yes	No
	llaa b	ha average than accorded a gift ay according than form any of the fallaction and		162	NO
11		he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
С	A 359	% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
		(, (, , ,			
S	ection	B. Type I Supporting Organizations			
				Yes	No
1	elect VI ho organ truste	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part ow the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the mization had more than one supported organization, describe how the powers to appoint and/or remove directors or sees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such resducing the tax year.			
_	ריין דו	he example than energie for the honefit of any supported example than the supported example that	1		
2	opera carrie	the organization operate for the benefit of any supported organization other than the supported organization(s) that sted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit and out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organ	nization	2		
_	oction	C. Tuno II Supporting Organizations			
	ection	C. Type II Supporting Organizations		Yes	No
1	each	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)		res	NO
			-		
		J	1		
S	ection	D. All Type III Supporting Organizations			
				Yes	No
1	tax y Form	ne organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing ments in effect on the date of notification, to the extent not previously provided?			
			1		
2	(s) or	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization tained a close and continuous working relationship with the supported organization(s)			
			2		
3	orgar	lason of the relationship described in (2), did the organization's supported organizations have a significant voice in the hization's investment policies and in directing the use of the organization's income or assets at all times during the tax of If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons)		
	a 🖂	The organization satisfied the Activities Test Complete line 2 below			
	ь 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below			
	c 🗆	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	tions)	
2	Activi	ties Test Answer (a) and (b) below.		Yes	No
	suppo o <i>rga</i> respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		rantially all of its activities	2a		
	orgar o <i>rgar</i>	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the nization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the nization's position that its supported organization(s) would have engaged in these activities but for the organization's vernent	2 b		
3	Parer	nt of Supported Organizations Answer (a) and (b) below.			
	a Did th	the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of upported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did th	he organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
		orted organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3b		

chedule A (I	Form 990 or 990-EZ) 2016 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

Cabadula A (Farm 000 as 000 E7) 2016

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493030011228

2016

OMB No 1545-0047

Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attack to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	i me of the organization V Educational Broadcasting Inc		Employer identification number
KGV	v Educational Broadcasting Inc		74-2324498
Pa		Advised Funds or Other Similar Funded "Yes" on Form 990, Part IV, line 6.	ds or Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
L	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property, subject to		or advised Yes No
5	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		
Pa	rt II Conservation Easements. Complet	e if the organization answered "Yes" on	Form 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the	e organization (check all that apply)	
	Preservation of land for public use (e g , rec	reation or education)	of an historically important land area
	Protection of natural habitat	Preservation o	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contribution in th	e form of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		2b
С	Number of conservation easements on a certified	• •	2c
d	Number of conservation easements included in (c) structure listed in the National Register		
3	Number of conservation easements modified, traitax year	nsferred, released, extinguished, or terminated	d by the organization during the
1	Number of states where property subject to cons	ervation easement is located 🟲	
5	Does the organization have a written policy regar and enforcement of the conservation easements i	ding the periodic monitoring, inspection, hand it holds?	ling of violations,
5	Staff and volunteer hours devoted to monitoring, •	inspecting, handling of violations, and enforci	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, insper	ecting, handling of violations, and enforcing co	nservation easements during the year
3	Does each conservation easement reported on lin and section $170(h)(4)(B)(II)^7$	e 2(d) above satisfy the requirements of secti	on 170(h)(4)(B)(ı)
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial	expense statement, and
ar	rt III Organizations Maintaining Collect Complete if the organization answere	tions of Art, Historical Treasures, or	Other Similar Assets.
La	If the organization elected, as permitted under SI art, historical treasures, or other similar assets hi provide, in Part XIII, the text of the footnote to it	FAS 116 (ASC 958), not to report in its revenueld for public exhibition, education, or research	n in furtherance of public service,
b	If the organization elected, as permitted under Si historical treasures, or other similar assets held fo following amounts relating to these items	FAS 116 (ASC 958), to report in its revenue st or public exhibition, education, or research in i	atement and balance sheet works of art, furtherance of public service, provide the
((i) Revenue included on Form 990, Part VIII, line 1		▶ \$
(i	ii)Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, following amounts required to be reported under		financial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		> \$

Par	t IIII	Organizations Ma	aintaining Col	lections o	f Art, His	toric	al Tre	easur	es, or	Other	Similar	Assets (continue	d)
3		g the organization's acq s (check all that apply)	uisition, accessioi	n, and other	records, ch	neck ar	y of t	he follo	owing tl	nat are a	significar	nt use of it	s collecti	on
а		Public exhibition				d		Loan o	r excha	nge pro	grams			
b		Scholarly research				е		Other						
С		Preservation for future	e generations											
4	Provi Part	ide a description of the XIII	organızatıon's col	lections and	explain ho	w they	furthe	er the o	organız	ation's e	xempt pu	rpose in		
5		ng the year, dıd the orga ts to be sold to raise fur									nılar	□ Y €	es 🗆] No
Pa	rt IV	Escrow and Cust Complete if the ord X, line 21.	odial Arrange ganization ansv	ments. vered "Yes"	on Form	990,	Part 1	[V, line	e 9, or	reporte	ed an am	nount on	Form 99	90, Part
1a		e organization an agent ded on Form 990, Part)		an or other ı	ntermediar	y for co	ontrib	utions	or othe	r assets	not	☐ Y e	es 🗆] N o
Ь	If "Y	es," explain the arrange	ement in Part XIII	and comple	te the follo	wing ta	able		Γ			Amount		
C	Begir	nning balance				-				1c				
d	Addıt	tions during the year								1d				
е	Dıstr	butions during the year	r							1e				
f	Endır	ng balance								1f				
2a	Did t	the organization include	an amount on Fo	rm 990, Pari	: X, line 21	, for es	crow	or cust	todial a	ccount li	ability?] No
b	If "Ye	es," explain the arrange												
Pa	rt V	Endowment Fund	ds. Complete if											
4-	Dosina	nun - of work halance		(a)Current	year	(b)Prio	r year	(0	:)Two ye	ars back	(d)Three	years back	(e)Four	years back
	_	ning of year balance .												
		butions			-									
		vestment earnings, gair			_									
		s or scholarships						_						
	and pr	expenditures for facilities rograms	es											
		nistrative expenses .												
g	End of	f year balance												
2		ide the estimated perce		ent year end	balance (lı	ne 1g,	colum	nn (a))	held as	5				
а	Boar	d designated or quasi-e	ndowment ►											
b	Perm	nanent endowment >												
C	Tem	porarily restricted endov	wment >											
		percentages on lines 2a		-										
3а	orga	there endowment funds nization by		ssion of the o	rganızatıor	n that a	are he	ld and	admını	stered fo	r the		Ye	es No
	(i) u	inrelated organizations						•					a(i)	
b		related organizations . es" on 3a(ii), are the rel		 ns listed as re	 equired on	 Sche d ı	ule R?	: :					a(ii) 3b	
4	Desc	ribe in Part XIII the inte	ended uses of the	organization	n's endown	ent fui	nds						•	
Pa	rt VI													
	_	Complete if the or									m 990, f lepreciation			.=1
	Descr	ription of property	(a) Cost or oth (investme		(b)Cost or	otner Da	isis (ot	ner)	(c)Accu	muiated (iepreciation	1	(d)Book v	/alue
1a	Land						136	,349						136,349
b	Buildir	ngs					467	7 ,0 96			244,91	13		222,183
c	Lease	hold improvements												
d	Equipr	ment					530),162			410,72	26		119,436
е	Other													
Tot:	<u>Ι</u> Δ/4/4	lines 1a through 1e (Co	olumn (d) must a	aual Form 9	O Part Y	column	2 (B)	line 10	2(c) 1		-	1		177.069

(a) Description	(b)) Book value
(1) Broadcasting Licenses		97,570
(2) Rounding		2
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		97,572
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form	990, Part IV, line 11e or 11f.	

(b) Book value

See Form 990, Part X, line 25.

1.

(2)

(4) (5) (6)

(8) (9)

(1) Federal income taxes

(a) Description of liability

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII □

1

2

C

Ч

3

4

5

1 2

b

e

3

4

c

Part XIII

5

Add lines 4a and 4b .

Return Reference

Schedule D (Form 990) 2016

Page 4

Other (Describe in Part XIII) Add lines **4a** and **4b** Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities . Prior year adjustments . . . Other losses . . Other (Describe in Part XIII) . . . Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments

Donated services and use of facilities

Recoveries of prior year grants . . .

Other (Describe in Part XIII) . . . Add lines 2a through 2d

Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Investment expenses not included on Form 990, Part VIII, line 7b . . Other (Describe in Part XIII) Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

2h 2c 2а 4a 4b 2a 2b 2c 2d 4a 4b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2e 3 4c 5 2e 3 4c 5

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015		Page 5
Part XIIII Supplemental Informa	ation (continued)	
Return Reference	Explanation	
		Schedule D (Form 990) 2016

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493030011228 OMB No 1545-0047 **SCHEDULE N** Liquidation, Termination, Dissolution, or Significant Disposition of Assets (Form 990 or 990-EZ) **2016** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. ▶ Attach certified copies of any articles of dissolution, resolutions, or plans. Attach to Form 990 or 990-EZ. Open to Public ▶Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number RGV Educational Broadcasting Inc. 74-2324498 Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed. 1 (a) Description of asset(s) (b) Date of (c) Fair market value of (d) Method of (e) EIN of recipient (f) Name and address of recipient (q) IRC section distributed or transaction distribution asset(s) distributed or determining FMV for of recipient(s) (if amount of transaction expenses paid asset(s) distributed or tax-exempt) or typeof expenses transaction expenses entity Yes No Did or will any officer, director, trustee, or key employee of the organization 2a Become a director or trustee of a successor or transferee organization? 2b Become an employee of, or independent contractor for, a successor or transferee organization?. 2c Become a direct or indirect owner of a successor or transferee organization? 2d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule N (Form 990 or 990-EZ) (2016) Cat No 50087Z

Pa	rt I Liquidation, Termination, or	Dissolution (continued)						
	Note. If the organization distributed all of i	ts assets during	the tax year, then Form 9	90, Part X, column (B), I	line 16 (Total assets), ai	nd line 26 (Total liabilities), should equa	I -0-	Yes	No
3 4a b 5 6a b	Did the organization distribute its assets in Is the organization required to notify the at If "Yes," did the organization provide such Did the organization discharge or pay all of Did the organization have any tax-exempt If "Yes" on line 6a, did the organization disclaws?	ttorney general on notice?	or other appropriate state ccordance with state laws g during the year?	official of its intent to dis	solve, liquidate, or term	unate ²	3 4a 4b 5 6a		
С	If "Yes" on line 6b, describe in Part III how	the organization	defeased or otherwise se	ttled these liabilities If "	No" on line 6b, explain	ın Part III			
Par	t II Sale, Exchange, Disposition,					Part II can be duplicated if addition	al snace	s neec	het
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) I of rec tax-exe	RC section in prent (s) mpt) or the feature of the	on (ıf
C	ash	08-22-2016	4,500,000) Cash	74-1534098	Roman Catholic Diocese of Browns	501(c)(3)		
						1910 University Blvd Brownsville, TX 78520			
		•				•		Yes	No
2	Did or will any officer, director, trustee, or		-				2a		No
a b	Become a director or trustee of a successor Become an employee of, or independent co		-				. 2b	+-	No
c	Become a direct or indirect owner of a succ	-	-				2c		No
d	Receive, or become entitled to, compensati	on or other sımıl	ar payments as a result o	f the organization's signif	ficant disposition of asse	ets?	2d		No
6	If the organization answered "Yes" to any o	of the autestions t	on lines:2a through:2d pro	ovide the name of the ne	erson involved and expla	un in Part III 🕨			

Schedule N (For	rm 990 or 990-EZ) (2016	Page 3
Part III	Supplemental Info	rmation.
	Provide the informati	on required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.
Return Reference Explanation		Explanation
		Schedule N (Form 990 or 990-EZ) (201

efile GRAPH	IC print - DO NOT PROCESS	DLI	N: 93493030011228				
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to spe Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) ar	rmation about Schedule O (Form 990 or 990-EZ) and its instructions is at					
Name of the org RGV Educational Bi	e O, Supplemental Information	Employer idea 74-2324498	ntification number				
Return Reference	Explanation						
Form 990, Part VI, Line 3 Description of Delegated Duties to Management Company	Accounting and financial reporting is handled by NETA as an outside manage	ement company					

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990, Part VI, Line	The Bishop of the Roman Catholic Diocese of Brownsville is the only member of RGV Educational Broadcasting Inc. There are no shareholders
6	
Explanation	
of Classes of	
Members or	
Shareholder	

990 Schedule O, Supplemental Information Return Explanation

Body

Form 990,
Part VI, Line
7a How
Members or
Shareholders
Elect
Governing

Return Explanation
Reference

Shareholders

Form 990,	The Bishop, as the sole member, is required to approve any amendment or restatement of the
Part VI, Line	Articles of Incorporation or any amendment to the by-laws of the corporation All other c
7b Describe	orporate powers are under the authority of the Board of Directors
Decisions of	
Governing	
Body	
Approval by	
Members or	

Return
Reference

The Form 900 is presented to and reviewed with the finance director, who then delivers a research to and reviewed with the finance director, who then delivers a research to an analysis of the finance director, who then delivers a research to an analysis of the finance director, who then delivers a research to an analysis of the finance director, who then delivers a research to an analysis of the finance director.

Process

Form 990,
Part VI, Line
11b Form
990 is presented to and reviewed with the finance director, who then delivers a r
ecap to the board of directors or its designated representative
990 Review

Return Reference
Form 990, The board committee and executive officers are required to sign conflict of interest state

Part VI, Line
12c
Explanation
of Monitoring
and
Enforcement
of Conflicts

Return
Reference

Form 990,
Part VI | Ine

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Annual performance reviews are conducted by the executive director of all staff personnel with assistance of the appropriate committee, if applicable

Return Explanation

Form 990,	The Organization's governing documents, conflict of interest policy, and financial stateme
Part VI, Line	nts are available upon request Documentation is held at the Organization's offices
19 Other	
Organization	
Documents	
Publicly	
Available	

Return Reference
Other
Charitable Contribution to Related Organization(Schedule R) = -\$4500000

Changes In
Net Assets
Or Fund
Balances Other
Decreases

efile GRAPHIC print - DO NOT PROCESS As Filed Data DLN: 93493030011228 OMB No 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** (Form 990) 2016 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number RGV Educational Broadcasting Inc 74-2324498 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a)
Name, address, and EIN (if applicable) of disregarded entity (d) (e) (f) Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (b) (c) (d) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) (13) controlled entity entity? Yes No (1)Roman Catholic Diocese of Brownsville TX Church Church 501(c)(3) No 1910 University Blvd N/A Brownsville, TX 78520 74-1534098

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512-		(g) Share of e end-of-year assets	Disprop	h) ortionate ations?	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or iging	(k) Percenta <u>c</u> ownershi
					514)			Yes	No		Yes	No	
Part IV Identification of Related Orga because it had one or more related.						zation ans	wered "Yes	l on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	do do (state	(c) Legal omicile or foreign untry)		entity (C c	(e) be of entity orp, S corp, or trust)	(f) Share of total Income		(g) e of end year assets		h) intage ership	(13	(i) ation 512(3) controll entity?
			ditity)									Y	es No
								 					
								+					
													\perp

Sched	ule R (Form 990) 2016					Pag	ge 3
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on	ı Form 990, Par	t IV, line 34, 35b	, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				١	es	No
1 D	ring the tax year, did the orgranization engage in any of the following transactions with one or more related orga	ınızatıons listed in	Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
b	Gift, grant, or capital contribution to related organization(s)				1b \	'es	
c	Gift, grant, or capital contribution from related organization(s)				1c		No
d	Loans or loan guarantees to or for related organization(s)				1d		No
e	Loans or loan guarantees by related organization(s)				1e		No
f	Dividends from related organization(s)				1f		No
g	Sale of assets to related organization(s)				1g		No
h	Purchase of assets from related organization(s)				1h		No
i	Exchange of assets with related organization(s)				1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	4	No
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o	Sharing of paid employees with related organization(s)				10		No
р	Reimbursement paid to related organization(s) for expenses				1p	\dashv	No
q	Reimbursement paid by related organization(s) for expenses				1q		No
r	Other transfer of cash or property to related organization(s)				1r		No
s	Other transfer of cash or property from related organization(s)				1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	icluding covered re	elationships and tra	nsaction thresholds			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	nount inv	olved	
(1) Ro	nan Catholic Diocese of Brownsville b	·	4,500,000	Cash			
				1			

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	٥١	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner	or g	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	າ 99	0) 2016

